



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

MARIANNE UDOW
DIRECTOR

RE: CHILD CARE APPLICATION – CENTERS

Dear Applicant:

The following is information regarding application for a child care center.

Instructions and additional materials are included which will assist you in completing the application.

Please return all of the completed and required application materials with a check or money order (which is non-refundable) payable to the "State of Michigan" for the appropriate license application fee of \$50.00 for 1 – 20 children; \$60.00 for 21 – 50 children; \$70.00 for 51 – 100 children or \$80.00 for 101 + children to:

Michigan Department of Human Services
Cashier's Office
P.O. Box 30759
Lansing, MI 48909-8150

For additional information, please contact the Licensing Unit at (517) 241-2488 or Fax at (517) 241-1680.

Thank you.

Enclosure

**CHILD CARE CENTERS
LICENSING PROCESS**
Office Of Children And Adult Licensing
Michigan Department of Human Services

THE CHILD CARE LICENSING LAW

It is illegal in the State of Michigan to care for unrelated children in a group setting without being licensed. Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules are the statutory base for the standards of child care centers in the State of Michigan. These are minimum standards by which programs are regulated. They do not guarantee high quality in child care. In signing the application you agree to comply with the Act and rules.

SITE SELECTION

A license is issued to a specific person or organization at a specific location. It is non-transferable and remains the property of the Agency. Thus, an application to establish a child care center must be for a specific location. You may save time and money if you (**before construction, purchase or lease of a building**):

- ~ Contact your local zoning board or other authority to obtain permission to operate a child care business. However, zoning approval is not a requirement of the licensing process.
- ~ Conduct a needs assessment or feasibility study to determine if you have chosen a viable location.
- ~ Contract with a qualified fire inspector for a fire safety assessment of your chosen site. The inspection will tell you if you need to make changes to the building. A listing of approved inspectors is enclosed.
- ~ New construction or renovation may require a plan review. (See below)

APPLICATION

Return to the Licensing Unit

- | | |
|--|---|
| 1. Child Care Application (OCAL-3970) | 4. Licensing Record Clearances (OCAL-1326) for Program Director and Licensee/Designee |
| 2. Supplemental Information Child Care Center (OCAL-3601) | 5. Child Care Center Designee Form (OCAL-5003) (if applicable) |
| 3. Check or Money Order payable to the "State of Michigan" | |

Return to Your Local Licensing Office

Program Director Qualifications-transcripts are used to verify a minimum of 60 semester hours of credit from an accredited college or university with not less than 12 semester hours credit in child development, child psychology, or early childhood education, Child Development Associate (CDA) credential; or Montessori credential. Submit with a cover letter identifying the name and address of your proposed facility.

FACILITY INSPECTIONS

Fire and environmental health inspections are required. It is your responsibility to make arrangements for initial and any follow-up inspections and pay for any fees charged for these inspections

FIRE SAFETY--Must be completed by a qualified fire safety inspector (list enclosed). For schools a report by the State Fire Marshal dated no earlier than 1973 is acceptable. The completed report is to be sent to the local licensing office.

ENVIRONMENTAL HEALTH - All original applications require an environmental health inspection. The Environmental Health Inspection Request is included in your application packet. Fees charged by the local health agency are your responsibility.

NEW CONSTRUCTION/RENOVATION/STRUCTURAL MODIFICATIONS

If you are constructing a new building, renovating a building, or making structural changes to an existing licensed building, inspections and approvals are required from the following prior to occupancy.

FIRE SAFETY--A plan review by the Office of Fire Safety is generally required. Contact your local licensing office.

ENVIRONMENTAL HEALTH - A plan review by the local health authority is generally required. Contact your local licensing office.

SUPPORTING DOCUMENTS, PLANS, AND POLICIES

When all application materials have been received and the environmental health and fire safety inspections completed, the licensing consultant will conduct an on-site inspection to assess compliance with all licensing rules. Technical assistance and consultation is provided. The following plans, policies, or documentation must be available for review per the rules indicated below:

- | | |
|--|---|
| a. Program Plans - R400.5106 | h. Screening Policy for Staff/Volunteers - R400.5102 (2)(b)(c), R400.5104a |
| b. Discipline Policy - R400.5107 (4) | i. Staff Records and Staffing Plan - R400.5104b |
| c. Children's Records - R400.5105b, R400.5112, R400.5113 | j. Staff Training Plan - R400.5102 (5) |
| d. Emergency and Evacuation Plans – R400.5113a | k. CPR & First Aid Requirements - PA 116 (722.112a) |
| e. Equipment List - to reflect compliance with R400.5108 and R400.5117 (5) | m. Plan of Indoor and Outdoor Use Space - to reflect compliance with R400.5116, R400.5117 |
| f. Nutrition and Food Service - R 400.5110(9) | n. For Infant/Toddler Programs Only: |
| g. Operational Policies - R400.5114 | • Daily Infant Record - R400.5206 |
| | • Health Care Services Plan - R400.5207 |

TIME FRAME FOR LICENSING PROCESS

The amount of time required in issuing the license will depend upon completion of:

- Initial fire and health inspections
- Work required by the fire and health inspectors to meet minimum standards for compliance
- Final approval from the qualified fire inspector and health department
- The center's compliance with the administrative rules and the statutory requirements

- ☐ **FAMILY – 6 or less**
☐ **GROUP – 7 to 12**
☒ **CENTER**

CHILD CARE APPLICATION
 Office of Children and Adult Licensing
 Michigan Department of Human Services

FOR DHS USE ONLY:

License Number:

Paid Amount:

Cashier:

☒ **ORIGINAL** ☐ **RENEWAL** ☐ **OTHER**

OFFICE:

Consultant/Staff:

COMPLETE FOR CHILD CARE CENTER ONLY

Facility Name			Corporate Name/Sponsoring Organization Name		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State MI	Zip Code	City	State MI	Zip Code
Telephone Number ()	County		Telephone Number ()	County	
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		
Auspices Status (Check One) Governmental	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> State College/University	Send Mail To: <input type="checkbox"/> Center <input type="checkbox"/> Applicant	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
	<input type="checkbox"/> County Government	<input type="checkbox"/> Community College	<input type="checkbox"/> Public School		
Non-Governmental (Check All That Apply)	<input type="checkbox"/> Church	<input type="checkbox"/> Parent Cooperative	<input type="checkbox"/> Private Funded Comm. Org.		
	<input type="checkbox"/> Privately Owned	<input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private School/College		

COMPLETE FOR ALL APPLICANTS

Applicant Name (Last, First, Middle, Former or Maiden)		Social Security Number or Federal ID Number	
Applicant Name (If Joint)		Social Security Number	
Address (Street Number and Name)		Telephone Number ()	County
City	State MI	Zip Code	E-mail Address
Have You Been Previously Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____			
Are You Currently Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____			
Have You Applied For Any Other License/Approval/Registration To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have You, Or Has Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home: <ul style="list-style-type: none"> • Been Convicted of an Offense Other Than A Minor Traffic Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes • A History Of Substantiated Abuse Or Neglect Of Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes 			
<ul style="list-style-type: none"> • I have reviewed Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules regarding the operation of the child care organization indicated above, and if granted a license, certificate of approval, or certificate of registration, agree to comply with the Act and Rules • In order to permit a proper determination of conformity with the rules, I give permission to the Michigan Department of Human Services to make a necessary and reasonable investigation of activities and standards of care and to make an on-site inspection of my facility and services. • I agree not to care for more children at one time than my licensed capacity states. 		<ul style="list-style-type: none"> • I hereby certify that I will screen all child care staff, including volunteers, and group home household members for any convictions, other than a minor traffic violation, and for any history of substantiated abuse or neglect of children or adults. • I am aware of the legal provision that to operate a child care organization without a license constitutes a misdemeanor as stated in Act No. 116 of the Public Acts of 1973, as amended, Section 15. • I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct. • I give permission to the Michigan Department of Human Services to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules. 	
Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)		Title	Date
The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.		AUTHORITY: Act No. 116 of the Public Acts of 1973, as amended COMPLETION: Required PENALTY: No license will be issued.	

SUPPLEMENTAL INFORMATION CHILD CARE CENTERMichigan Department of Human Services
Office of Children and Adult Licensing**NOTE:** Press Hard if Hand Written.☒ ORIGINAL☐ RENEWAL

Center Name		LICENSE NUMBER REQUIRED ▼ FOR RENEWALS ONLY ▼ _____
County	Today's Date	

Applicant's Name (Individual Sponsoring Organizations)

Email Address

ORGANIZATIONS WITH BOARD DIRECTOR

Chairperson/President's Name	Home Telephone Number	Work Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code
Secretary's Name Home	Home Telephone Number	Work Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code
Treasurer's Name	Home Telephone Number	Work Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code

CENTER PROGRAM DIRECTOR

Center Program Director's Name (<i>Last, First, Middle</i>)	Former or Maiden Name(s)	Home Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code

NOTIFY THIS OFFICE OF ANY CHANGES OF BOARD MEMBERS OR PROGRAM DIRECTOR.**LICENSE TERMS**

Does the Center have (check one): <input type="checkbox"/> city water/sewage system <input type="checkbox"/> well/septic system (private) <input type="checkbox"/> combination city/private system		
Age Range (<i>Indicate all applicable</i>) <input type="checkbox"/> BIRTH TO 2 ½ YEARS <input type="checkbox"/> 2 ½ YEARS THROUGH 5 YEARS <input type="checkbox"/> 6 YEARS AND OLDER		Child Capacity Requested:
Specific Ages: _____ Specific Ages: _____ Specific Ages: _____		Year the Facility was Built:

PROGRAM INFORMATION

Operation Type (<i>Check all applicable</i>) <input type="checkbox"/> FULL DAY <input type="checkbox"/> PART DAY <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> EVENING <input type="checkbox"/> OVERNIGHT	
Months of Operation (<i>Check one box only</i>) <input type="checkbox"/> YEAR-ROUND <input type="checkbox"/> SCHOOL YEAR <input type="checkbox"/> SEASONAL (Specific Months)	
Additional Program Components (<i>Check all applicable</i>) <input type="checkbox"/> INFANTS <input type="checkbox"/> DROP-IN <input type="checkbox"/> NIGHT-TIME CARE <input type="checkbox"/> ON SITE FOOD PREPARATIONS/MEALS <input type="checkbox"/> SWIMMING <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> FIELD TRIP TRANSPORTATION	

Days and Time of Operation (indicate a.m./p.m.)			DIRECTIONS TO CENTER (<i>Indicate nearest intersection</i>)
Sunday	From:	To:	
Monday	From:	To:	
Tuesday	From:	To:	
Wednesday	From:	To:	
Thursday	From:	To:	
Friday	From:	To:	
Saturday	From:	To:	
AUTHORITY: Public Act 116 of 1973, as amended COMPLETION: Is required. CONSEQUENCE FOR NONCOMPLETION: Applicant cannot be licensed.			The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

LICENSING RECORD CLEARANCE REQUEST

There are three purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Files check regarding the possible existence of a substantiated child abuse or neglect record. **(For Child Day Care and Child Welfare Divisions Only)**
3. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide OCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	Public Act 116 of 1973 as amended and Public Act 218 of 1979 as amended	The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	

**LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN**

Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- **Please read the reverse side before completing this form.**
- **Please type or print CLEARLY so that the information completed can be read.**
- **Mail completed form to OCAL Central office.**

SECTION I: REQUESTOR INFORMATION (To be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number Department of Human Services Office of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909		
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
LICENSE/APPLICATION TYPE <input type="checkbox"/> Child Foster <input type="checkbox"/> Adoption <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family/Group Child Care Home <input checked="" type="checkbox"/> Child Care Center <input type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp		
THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director		

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a OCAL-1326)

NAME (Last, First, Middle Jr., II, etc.)			SEX	BIRTH DATE		SOCIAL SECURITY NUMBER	
MARITAL STATUS	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))			DRIVERS LICENSE NUMBER		STATE ISSUED	
ADDRESS (Street Number and Name)				HOW LONG HAVE YOU LIVED IN MICHIGAN?		RACE	
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT	WEIGHT	
<ul style="list-style-type: none">• I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.• I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.• I certify that the information I have given on the form is, to the best of my ability, true and correct.• The Department may perform this check at any time while I am licensed.							
HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)							
SIGNATURE OF PERSON TO BE CLEARED						DATE	

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)	SECTION IV: CONVICTION CLEARANCE
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PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS	CLEARANCE DATE	
IS PROTECTIVE SERVICES INFORMATION ON DHS? <input type="checkbox"/> NO <input type="checkbox"/> YES	LICENSE NUMBER		

MEDICAL CLEARANCE REQUEST

Michigan Department of Human Services
Office of Children and Adult Licensing

REQUESTER INFORMATION: (To be Completed by Licensing Consultant)

Facility/Home Name		Tracking/License Number	
Facility/Home Address (Street Number and Name)	City	State	Zip Code

PLEASE MAIL TO ➔

Licensing Consultant (Name, Address, Phone)
 Department of Human Services
 Office of Children and Adult Licensing
 7109 W. Saginaw, 2nd. Floor
 P. O. Box 30650
 Lansing, MI 48909

License Application Type

☐ Adult Foster Care (24-Hour Care)
☐ Child Foster Care (24-Hour Care)
☒ Child Care (Less Than 24-Hour Care)
☐ Capacity _____

PATIENT INFORMATION (To be Completed by Patient) (Please Print or Type)

Name (Last, First, Middle, Jr., II, etc.)	Date of Birth	Social Security Number	Telephone Number
Address (Street Number and Name)	City	State	Zip Code

RELEASE OF INFORMATION (To be Completed by Patient)

I authorize the release of medical information concerning me to the care facility listed above and to the Michigan Department of Human Services, Office of Children and Adult Licensing, for the purpose of determining my suitability to provide or be associated with the care of children/dependent adults.	Date
	Patient's Signature
	Physician's Name (Please PRINT or TYPE)

MEDICAL INFORMATION (To be Completed by Physician)

<ul style="list-style-type: none"> This individual is, or will be, employed in a child/dependent adult care setting. It is necessary to establish that those providing care are in such physical and mental condition and health as not to adversely affect the health or safety of a child/dependent adult and the quality and manner of his/her care. To assist us in this determination, you are being asked to answer the following. 			
Has this Person Been Tested for T.B.? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes ➔	Date Tested	Test Type <input type="checkbox"/> Skin Test <input type="checkbox"/> X-Ray	Results <input type="checkbox"/> Positive (Explain in Comments) <input type="checkbox"/> Negative
How would you describe the patient's general physical/mental condition and health? (Use Comments section for explanations)			
<input type="checkbox"/> No physical/mental condition or health problem exists that would limit the ability to work with or around children/dependent adults. <input type="checkbox"/> Physical/mental condition or health problem exists that would not limit the ability to work with or around children/dependent adults. Explain in Comments if reasonable accommodation may be needed. <input type="checkbox"/> Physical/mental condition or health problem exists which would affect the ability to work with or around children/dependent adults, with or without reasonable accommodation.			
Comments (Please use back of this form if additional space is needed.)			
Would you like to be contacted by the licensing consultant regarding your recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physician's Signature	Signature Date	Telephone Number	Examination Date
Address (Street Number and Name)	City	State	Zip Code
AUTHORITY: Public Act 116 of 1973 as amended Public Act 218 of 1979 as amended RESPONSE: Voluntary PENALTY: Application for licensure may be denied.		The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	

**CHILD CARE LICENSEE DESIGNEE
STATE OF MICHIGAN**

Department of Human Services
Office of Children and Adult Licensing

The Child Care Organization Application and other appropriate licensing forms and documents must be signed by the person legally responsible for the child care organization (board president, superintendent, owner, etc.). However, this responsibility may be designated to another person within the organization such as the program director or administrator.

If your organization wishes to do this, the legally responsible person (board president, superintendent, owner, etc.) must complete this form, designating another person as the representative for the licensee.

I designate _____
Name and Position

to serve as _____'s representative for the
Owner/Sponsoring Agency

licensing of the _____. This person
Name of Child Care Center

shall be legally responsible to represent the licensee in all licensing matters.

Name of Owner or Organization Head	Position
<div style="display: flex; justify-content: space-between;"><div style="width: 60%; text-align: center;">_____ Signature</div><div style="width: 35%; text-align: center;">_____ Date</div></div>	

Authority: Public Act 116 of 1973, as amended.
Completion required if you wish to designate another person as representative

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

Office of Children and Adult Licensing

Date: _____

MICHIGAN FAMILY INDEPENDENCE AGENCY
Office of Fire Safety Directory
Qualified Fire Safety Inspectors For
Child Care Centers

Importance of Fire Safety

Fire safety inspections are a necessary part of the licensing process. It is a means of assuring that the building used for a child care center is in compliance with essential fire safety requirements.

Procedures for Requesting Fire Safety Plan Reviews (new construction, additions, remodeling)

Architectural plan reviews will be provided by this bureau's child care section at not cost to the applicant or licensee. Please contact your licensing consultant regarding necessary information required on plans submitted. New construction, additions, and remodeling projects are inspected by State Inspectors working for the Bureau of Construction Codes & Fire Safety.

Procedures for Requesting Fire Safety Inspections (conversions, consultations)

Fire safety inspections for conversions, consultations and, if required, existing licensed child care centers are to be obtained by the applicant or licensee from one of the individuals on the separate "Approved Independent Qualified Fire Inspectors" list.

However, if the proposed or licensed child care center is located within a city that has signed an agreement with the state to conduct fire safety inspections for licensure, within their jurisdiction only, one of their listed qualified fire inspectors may be contacted. These departments are identified on a separate "Local Fire Prevention Authority" list.

Licensees are to arrange or contract with a qualified fire safety inspector, and, are responsible for any costs of obtaining the inspection. The Family Independence Agency will not accept a fire safety inspection report from any other authority, individual or organization that is not on the current applicable list.

If you have further questions regarding this program, please contact your licensing consultant.

Approved Fire Inspectors

Below is the list of independent qualified fire inspectors approved by the Michigan Department of Human Services to conduct fire safety inspections, consultation, etc. for child care centers. The list has been arranged by geographic areas of the state starting in the Upper Peninsula.

Approved Independent Qualified Fire Inspector

Paul Joseph Ogea 1209 Nakoms Street Negaunee, MI 49866 (906) 475-7444	Arthur E. Shaw 6336 Greenwood Rd. Petoskey, MI 49770 (231) 347-2288	Donald R. St. Arnould 503 West Ave. B Newberry, MI 49868 (906) 293-5834
Frederick C. Wille 6624 W. Bayshore Rd. Traverse City, MI 49684 (231) 947-2238 (231) 631-7275 (Mobile)	Darrell Saulsby 19405 Warrington Dr. Detroit, MI 48221-1822 (313) 861-4066	Theron Wiggins 2546 Nolen Flint, MI 48504 (810) 239-9383
Wayne Tingley 7875 West Holiday Court Mears, MI 49436 (Near Oceana County) (231) 873-5127	Frank Matthews 5017 Nicholson Hill Rd. Hubbard Lake, MI 49747 (989) 727-9902 (Home) (989) 370-3758 (Mobile)	Donald P. Couturier 11426 Teft Road St. Charles, MI 48655 (989) 430-6334 (Mobile)
Willie L. Miller 3413 Concord Flint, MI 48504 (810) 238-0016	Michael T. Larabel 1736 41st Street S.W. Wyoming, MI 49509 (616) 531-4818	John J. Madden 225 W. Elm St. Elsie, MI 48831 (989) 862-4825 (231) 689-1998
Mujahid Abdul-Hameed 4117 Woodcreek Lane Lansing, MI 48911 (517) 393-3853	Linda Schluchter 11414 Spencer Rd. Saginaw, MI 48609 (989) 792-9691 Ext. 202	David R. Yarber 6140 Havelock Clarkston, MI 48346 (248) 625-1424
Robert D. Patrick 701 Oak Ridge Dr. Brighton, MI 48116 (810) 227-6701	James L. Hall 105 Barbour St. Coleman, MI 48618-0427 (989) 465-6557	John MacDougall 21316 Larkspur Farmington, MI 48336 (248) 477-6145
Sandra E. Slaton 48797 Lansdowne Ct. Shelby Twp., MI 48317 (248) 452-2456 (Office) (586) 739-0583 (Home)	Derek K. Segars P.O. Box 34003 Detroit, MI 48234-0003 (313) 366-5444 (313) 796-5454	Kevin J. Abbasse 2022 Engleside Dr. SE Grand Rapids, MI 49546 (616) 299-6480 (Mobile) (616) 942-7854 (Home)
Donald W. Bennett 11579 Onsted Hwy. Brooklyn, MI 49230 (517) 467-6214	Greg Smith 30990 Bayview Dr. Gibraltar, MI 48173 (734) 692 1468 (Home)	William L. Bammer 21953 Clear Lake Rd. Battle Creek, MI 49017 (269) 962-0638
Joseph Otis 193 N. Clay Street Coldwater, MI 49036 (517) 278-2643	Eduardo deVarona 29470 Middle Crossing Rd. Dowagiac, MI 49047 (269) 782-5030	Brian Gaukel 4648 Lambeth Way Holt, MI 48842 (517) 699-2845

Local Fire Prevention Authorities and Their Listed Approved Personnel for Child Care Centers

The below listed local fire protection authorities have signed agreements with the Department to conduct Fire Safety Inspections, within their jurisdictions only, for the Michigan Department of Human Services, Child Care Center licensing program.

D-1.	DETROIT FIRE DEPT 250 W. Larned Detroit, MI 48226 (313) 596-2933	Approved Inspectors: Lieut. Derek Segars Darrell Saulsby Osric Wilson David Tucker	Jeffrey Bryant Quinton Lavant
D-2.	LANSING FIRE DEPT 102 Shiawassee Lansing, MI 48933 (517) 483-4200	Approved Inspectors: Brian Gaukel	
D-3.	FARMINGTON HILLS F.D. 31455 W. 11 Mile Farmington Hills, MI 48336-1101 (248) 426-4403	Approved Inspectors: Stephen F. Hume Denny Hughes	
D-4.	CITY OF SOUTHFIELD 26000 Evergreen Rd. Southfield, MI 48076 (248) 354-7807	Approved Inspectors: Jim Dundas Bruce K. Johnson	
D-5.	STERLING HEIGHTS FIRE DEPT 41625 Ryan Road Sterling Heights, MI 48314-3945 (586) 446-2950	Approved Inspectors: Patrick O'Lear	
D-6.	WESTLAND FIRE DEPT 37201 Marquette Westland, MI 48185 (734) 467-3201	Approved Inspectors: Colleen Fedel Gary Leirstein	

Environmental Health Inspections

Please read this before proceeding any further

You must use the enclosed Environmental Health Inspection Request (OCAL-1787) to arrange this inspection through your local health authority.

In order to determine which Health Inspection Agency you will need to send the Environmental Health Inspection Request (OCAL-1787) to, please refer to www.michigan.gov/mdch and click on the right hand side on “Local Health Department Map” and click on the county your center is located in. Fill in section 6 on the Environmental Health Inspection Request (OCAL-1787) with the Name and Address of the Health Inspection Agency.

Complete Section 13 – 25 on the Environmental Health Inspection Request (OCAL-1787). If these sections are not filled out, the form may be returned to you.

This inspection will be at your expense. Contact your local health authority to verify the cost of the inspection.

If you have additional questions about the need to request a health inspection please contact your local health department or call 1-866-685-0006.

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Human Services

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE AMOUNT OF THE FEE.

IF YOU INTEND TO MAIL THIS FORM TO THE LOCAL HEALTH DEPARTMENT, PLEASE ENCLOSE THE REQUIRED FEE AND COMPLETE ITEMS 4, 13 – 25: ITEMS 1 – 3 AND 5-12 TO BE COMPLETED BY LICENSING WORKER/CONSULTANT.

6. Name and Address of Health Inspection Agency <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		1. License Number - PENDING	
		2. Expiration Date	
		3. Status of License	
		4. Proposed/Current Capacity <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+	
		5. Please return the completed inspection report by this date:	
		HEALTH DEPARTMENT TELEPHONE NUMBER	
7. Water Supply and/or Sewage Disposal (Use OCAL-1788) <input type="checkbox"/> Foster Family Home (1-4 children) <input type="checkbox"/> Foster Family Group Home (5-6 children) <input type="checkbox"/> Family Child Care Home (1-6 children) <input type="checkbox"/> Group Child Care Home (7-12 children) <input checked="" type="checkbox"/> Child Care Center		9. Reason for Inspection <input checked="" type="checkbox"/> New Application <input type="checkbox"/> Relocation <input type="checkbox"/> Reinspection <input type="checkbox"/> Addition/Plan Review <input type="checkbox"/> Renewal Inspection <input type="checkbox"/> Proposed New Construction/Plan Review <input type="checkbox"/> Complaint (Specify in No. 24) <input type="checkbox"/> Other (Specify in No. 24)	
8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use OCAL-1788 and OCAL-1789) <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Children's Camp <input checked="" type="checkbox"/> Child Care Center <input type="checkbox"/> Special Request (explain in No. 24)		10. Return Completed Inspection Report to (NAME OF AGENCY). Call 866-685-0006 for local office.	
		11. Name of Licensing Worker _____ Telephone Number _____	
		12. Address of Licensing Worker/Consultant (Number, Street) _____ City _____ Zip Code _____	
13. Name of Facility		23. Directions to Facility From Nearest Major Intersection	
14. Name of Administrator/Contact Person			
15. Address of Facility (Number, Street)			
16. City	17. Township	24. Comments	
18. County	19. Zip Code		
20. Facility Telephone Number	21. Alternate Telephone Number		
22. Date of Last Environmental Health Inspection			
25. To be completed by license applicant/licensee: I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Human Services of the facility indicated in box 13 of this document. <div style="text-align: right;">_____ Signed _____ Date _____</div>			
26. L.H.D. Use Fee Amount \$ _____ Payment made by check (# _____), cash, other _____ Received by _____ Date _____			
The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: PA 116 of 1973 COMPLETION: Voluntary NON-COMPLETION: No license will be issued	